Document 6

Filed 02/08/2008

Case 3:07-cv-02220-JAH-CAB

::ODMA\PCDOCS\WORDPERFECT\!4443\! May 5, 1999 (11:34am)

RETURN OF SERVICE		
Service of the Summons and Complaint was made by me DA	TE NOV 26, 2007	
NAME OF SERVER FARZAT FARIET		
Check one box below to indicate appropriate method of service		
Served personally upon the defendant. Place where served:		
Left copies thereof at the defendant's dwelling, house or usual place of abode with a person of suitable age and discretion then residing therein:		
Name of person with whom the summons and complaint were left:		
Return unexecuted:		
Other (specify): U.S. Mail, Certified, Return Receipt Poster-Fully Frepaid		
STATEMENT OF SERVICE FEES		
TRAVEL SERVICES	TOTAL \$0.00	
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct. Executed on: Feb. 8, 2008 Date Signature of Server Address of Server		
NOTICE OF RIGHT TO CONSENT TO TRIAL BY A UNITED STATES MAGISTRATE		
IN ACCORDANCE WITH THE PROVISION OF 28 USC 636(C) YOU ARE HEREBY NOTIFIED THAT A U.S. MAGISTRATE OF THIS DISTRICT MAY, UPON CONSENT OF ALL PARTIES, CONDUCT ANY OR ALL PROCEEDINGS, INCLUDING A JURY OR NON-JURY TRIAL, AND ORDER THE ENTRY OF A FINAL JUDGMENT. COUNSEL FOR THE PLAINTIFF HAS RECEIVED A CONSENT FORM.		
YOU SHOULD BE AWARE THAT YOUR DECISION TO CONSENT OR NOT CONSENT IS ENTIRELY VOLUNTARY AND SHOULD BE COMMUNICATED SOLELY TO THE CLERK OF COURT. ONLY IF ALL PARTIES CONSENT WILL THE JUDGE OR MAGISTRATE TO WHOM THE CASE HAS BEEN ASSIGNED BE INFORMED OF YOUR DECISION. JUDGEMENTS OF THE U.S. MAGISTRATES ARE APPEALABLE TO THE U.S. COURT OF APPEALS IN		
ACCORDANCE WITH THIS STATUTE AND THE FEDERAL RULES OF APPELLATE PROCEDURE.		

1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
Item 4 if Restricted Delivery is desired.	
Print your name and address on the reverse	Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	
Article Addressed to:	D. is delivery address different from 10/17 2 Byes 007
ally decided	If YES, enter delivery address below: No
The formal ourself	
ACCEPTED IN A	FFICIAL CAR
vis. repl. noneland 1	FFICIAL CAPACITY ONLY
Seewi'n	3. Service Type
Dashington. To.	☐ Certified Mail ☐ Express Mail
made	Registered Return Receipt for Merchandise
1020	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7 17006 0100 0006 0384 6519 6519	
PS Form 38/1/1. February/2004 / /// // // // // // // // //	urn Receipt 102595-02-M-1540
	ON OST WERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION 2 and 3 Also complete	A Signature
Complete items 1, 2, and 3. Also complete	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A Signature A Signature A Agent Addressee
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse context we can return the card to you. 	A. Signature A. Signature A. Signature A. Signature A. Signature A. Signature
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, 	A. Signature A. Signature A. Signature A. Signature A. Signature A. Signature A. Agent A. Agent A. Agent A. Agent A. Signature A. Agent A. Agent
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A.
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Signature A. Signature A. Signature A. Signature A. Signature A. Agent A. Agent A. Agent A. Agent A. Signature A. Agent A. Agent
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. Article Addressed to: Michael Cher Off 	A. Signature A. Signature A. Signature A. Signature A. Signature A. Signature A. Agent A. Agent A. Agent A. Agent A. Signature A. Agent A. Agent
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. Article Addressed to: Michael Cher Off 	A. Signature A. Signature A. Signature A. Signature A. Signature A. Signature A. Agent A. Agent A. Agent A. Agent A. Signature A. Agent A. Agent
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Michael Chertoff Eduardo Agurre grant 	B. Received by (Printed Name) D. Is delivery address different from Item 17 2. Yes If YES, enter delivery address below:
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Michael Chertoff Eduardo Agurre grant 	B. Received by (Printed Name) D. Is delivery address different from 170 (2) Yes If YES, enter delivery address below:
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Michael Chertoff Eduardo Agurre grr C.I.S County M	B. Received by (Printed Name) D. Is delivery address different from Item 170 (2) Yes If YES, enter delivery address below: 3. Service Type Certified Mail Express Mail
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Michael Chertoff Eduardo Agurre grr C.I.S County M	A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Rem 170 (2) Yes If YES, enter delivery address below: 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Michael Chertoff Eduardo Agurre grr C.I.S County M	A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 17 [2] Yes If YES, enter delivery address below: 3. Service Type Certified Mail Registered Return Receipt for Merchandise
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Michael Chertoff Eduardo Agurre gra C.I.S county M San Diego Book Front St. #268 San Diego CA 9210	A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 17 [2] Yes If YES, enter delivery address below: 3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Michael Chertoff Eduardo Agurre grr C.I.S County M	A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Rem 170 (2) Yes If YES, enter delivery address below: 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.